

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)
)
IN THE MATTER OF:)
)

(Decedent))

IN THE PROBATE COURT

CASE NUMBER: _____

Petitioner(s)

vs.

***PETITION TO DENY OR LIMIT INHERITANCE**

Respondent(s)

The undersigned alleges:

1. Decedent died intestate on _____.
2. The Decedent's
 Mother (name): _____
 Father (name): _____

failed to reasonably provide support for Decedent as defined in South Carolina Code of Laws, as amended, Section 63-5-20, and did not otherwise provide for the needs of the Decedent during his/her minority and is not entitled to:

- His/her full intestate share
 His/her partial inheritance in the amount of _____ (fraction/percentage).

Executed this _____ day of _____, 20____.

Signature: _____

Print Name: _____

Address: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

Relationship to Decedent/Estate: _____

Attorney: _____

Address: _____

Telephone: _____

Email: _____

***NOTE: THIS IS A FORMAL ACTION. IN ADDITION TO A PETITION, YOU MUST ALSO FILE A SUMMONS (FORM SCCA 401PC) AND PAY THE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**